

# Reviews Mixed on Penitentiary Health Care

A mix of criticism and praise is contained in a report on the health services at the Walla Walla State Penitentiary submitted to federal judge Jack Tanner on January 30. The report was the work of a joint WSMA-Washington Council on Crime and Delinquency (WCCD) audit team requested by the state after the judge ruled in June 1980 that prison conditions constitute "cruel and unusual punishment." Part of his order to the state to improve conditions was a complete audit of the prison's health services.

The 15-member audit team, which made three site visits to the prison, was co-chaired by Dr. Rory Laughery, chairman of the WSMA Jail and Prison Health Committee, and Jack Ellis of the WCCD.

The team examined medical, nursing, dental and mental health care at the prison, along with the pharmacy, health records and administrative procedures. Team members interviewed

health and corrections staff, inmates, the director of the Division of Adult Corrections and the superintendent of the prison in order to determine the effectiveness of the prison health system. AMA standards, state laws and regulations, and community practices were used as criteria.

In their report the team criticized floundering leadership within the corrections system that has spilled over to the health services and made it difficult to deliver adequate care. Because of that finding, the team stressed that what is needed most is strong and consistent leadership from the prison superintendent and the director of corrections which supports the health services. Without that, the team concluded, whatever improvements are made are likely to be transient.

The team also pointed out that "health professionals in the prison must maintain an orientation to their patients as their top priority. Health

care professionals' first calling is to their patients. Health care providers in the jail or prison setting are not working to serve corrections. However, health care and corrections personnel must work together closely for care to be provided appropriately, securely and expediently."

The report noted that many improvements in health care delivery during the past year and a half must be attributed to the efforts of Dr. George Kuzma and Dr. William Catelli of the Walla Walla area, and the health care manager. Dr. Kuzma agreed to develop a quality assurance program and supervise the physician's assistants and other mid-level practitioners. Dr. Catelli and his emergency room group came to the state's rescue last spring when there were no physicians available to serve at the penitentiary. His group provided both service and professional leadership.

Drs. Kuzma and Catelli are continuing to work in the prison, but the report indicates that they will need help and support from the medical community as well as the prison administration to be truly successful.

The team found the gravest deficiencies in psychiatric and mental health services. Simply being in prison is stressful and most of the inmates live in constant fear of attack. Inadequate mental health services can and do lead to personal and institutional violence, the team report stated.

The team recommended immediate upgrading of the psychiatric and mental health services. Currently there is a 28-bed inpatient psychiatric unit (which also serves inmates from Monroe and Shelton). Two Seattle psychiatrists commute to the penitentiary to provide a total of three days per week of outpatient care and one day per week on the inpatient unit. "Treating psychiatrists have had to resort to heavier drug therapies than desired because their options for follow-up and intermediate forms of care and counseling are so limited. The

## Perspective on Practice 'Behind the Walls'

Providing quality health services in a large maximum security institution has many built-in difficulties not found in community practice. Logistics are a major problem — many locked doors and gates must be opened for the patient to get to the physician and for the physician to see the patient, and either way a guard is present or nearby. The role and attitude of the corrections officers and administration, who control movement in the institution, are crucial to health services delivery.

The simple prescription of medications is another example of the difficulty in practicing behind the walls. Every physician has had to deal with the patient who is more interested in obtaining a drug for uses other than therapy and improved health. But in the prison this unfortunately becomes an overwhelming preoccupation of the prescribing physicians because of the potential consequences. Not only can the drugs be abused, as on the outside, but in the small, closed prison community they take on a currency value that can result in blackmail, debts, beatings, and even death. The patient cannot simply have his bottle of pills in these circumstances. The successful practitioner must have good skills and deft touch with patients, and a heightened sensitivity to find the difference between need and abuse.

Though the job can seem overwhelming, it also presents a challenge, particularly to those physicians who continually seek to both solve problems and heal others. Good systems of care can be developed which are rewarding for both patient and provider. In this context, the physician has a good chance to have not just a role in healing the patient, but in healing the person as well. □

result is not satisfactory mental health care in their eyes, but a band-aid approach," the report says.

"Psychiatric services should concentrate on outpatient care, day treatment and counseling programs," the report states, in order to help meet the goals of "management of acute and chronic problems and successful participation in the free community upon release."

Also reviewed were the general health administration at the state level and within the prison. Delivery of health services and access to care by inmates were examined against AMA standards and specific recommendations were made, including some timelines for implementation.

The team also recommended that a special advisory committee be appointed to provide health care policy guidance to the Division of Corrections for all its institutions, and monitor progress at the penitentiary over the next two years.

It will be up to Judge Tanner to determine which parts of the report the state will be required to comply with. He may add his own time requirements or approve those recommended in the report, such as meeting AMA standards within 18 months. The state may adopt the recommendations of the report on its own; some have been followed by penitentiary personnel after receiving drafts of the report. Prison health officials say the audit has already been beneficial because it has provided them with ideas, plans and guidance for improving prison health care. □

#### Answer to quiz on page 8:

- 1—b
- 2—b
- 3—a
- 4—c
- 5—c
- 6—c
- 7—a
- 8—c
- 9—c
- 10—a



*Dr. John Hicks readied for doorbelling effort. Assisting him were his daughter, Lisa, and wife, Josie.*

## Ophthalmologists Alert Public About Optometry Bill Before Legislature

Some 20 ophthalmologists took part in a doorbelling campaign in Seattle's 36th District in mid-January to bring Senate Bill 3040 to the public's attention. That bill, if passed by the state legislature, would allow optometrists to use five types of prescription drugs for diagnostic and treatment purposes.

Dr. John Hicks of Seattle, president of the Washington State Academy of Ophthalmology, and Dr. Leonard B. Alenick of Tacoma, the group's legislative chairman, organized the campaign. They chose the 36th District because it is the home of Senator Ray Moore, chairman of the Senate Social and Health Services Committee, who favors SB 3040.

The ophthalmologists distributed literature to residents which explains the differences among optometrists, ophthalmologists and opticians. They described SB 3040 and outlined the danger to the public health and safety if it is passed. They then asked residents to sign petitions supporting the ophthalmologists' position on the issue. Approximately 300 petitions were signed and sent to Senator Moore.

The Seattle Times and KIRO TV covered the event, but the television station inadvertently underscored the public's confusion over the differences among the professions. They reported that if SB 3040 passed, *opticians* would be able to use prescription drugs on their patients. □